

12639799
10/19/2017 10:59 AM \$12.00
Book - 10610 Pg - 4142-4143
ADAM GARDINER
RECORDER, SALT LAKE COUNTY, UTAH
HAYMOND LAW
P O BOX 711670
SALT LAKE CITY UT 84171
BY: CBA, DEPUTY - MA 2 P.

RECORDING REQUESTED BY AND RETURN TO:)
HAYMOND LAW)
PO BOX 711670)
SALT LAKE CITY, UTAH 84171)
SEND TAX NOTICE TO:)
GAYLE L. WILSTED, TRUSTEE)
2049 EAST 9100 SOUTH)
SANDY, UT 84093)

SPACE ABOVE FOR RECORDER'S USE
PARCEL ID NUMBER: # 28-03-305-011

Affidavit of Surviving Trustee

DOCUMENTARY TRANSFER TAX -0-

1. Affiant is the surviving spouse of HAROLD G. WILSTED, (aka Harold George Wilsted), who is named in that particular Certificate of Death, local file no. 18-1284, a certified copy of which is attached hereto and made a part hereof.

2. Affiant knows the said HAROLD G. WILSTED, deceased, to be one and the same person as who is named as grantee and as a Trustee of the HAROLD G. and GAYLE L. WILSTED REVOCABLE TRUST dated April 30, 2002, in that particular Quit-Claim Deed, recorded as Entry number 8924003 in the office of the Salt Lake County Recorder, covering the following described property:

ALL OF LOT 18, WILLOW CREEK MEADOWS SUBDIVISION, according to the official plat thereof, on file and of record in the office of the Salt Lake County Recorder.

3. GAYLE L. WILSTED, as surviving spouse and as sole Successor Trustee of the Trust above and pursuant to the Trust terms, hereby requests that title of the above-referenced property be updated as follows:

GAYLE L. WILSTED, Trustee of THE HAROLD G. AND GAYLE L. WILSTED REVOCABLE TRUST dated APRIL 30, 2002 as amended and restated.

Gayle L. Wilsted

GAYLE L. WILSTED, Surviving Spouse, Affiant and Surviving Trustee

STATE OF UTAH)
) SS
COUNTY OF SALT LAKE)

The foregoing instrument was acknowledged before me on September 7, 2017 by GAYLE L. WILSTED, Surviving Spouse, Affiant and Surviving Trustee.

[Signature]
Notary Public



This instrument has been prepared by Haymond Law solely from information provided by the client. There are no express or implied guarantees as to marketability of title, accuracy of the property or property legal description or quantity of land described, as no examination of title property was requested by the client.

STATE OF UTAH CERTIFICATION OF VITAL RECORD

BK 10610 PG 4143

MAR 1 2005

2005 003052

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-1284 STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Harold George WILSTED 2. SEX Male 3a. DATE OF DEATH (Mo., Day, Yr.) March 18, 2005 3b. TIME OF DEATH (24 Hr. Clock) 1157

4. DATE OF BIRTH (Mo., Day, Yr.) March 19, 1943 5. AGE (Last Birthday) (Years) 61 6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah 7. SOCIAL SECURITY NUMBER Confidential

8. PLACE OF DEATH (Check only one) 1. Inpatient 2. ER/Outpatient 3. DCA 4. If death occurred somewhere other than a hospital: 5. Nursing Home/Long term care facility 6. Decedent's Home 7. Other (specify) _____

9a. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) George E. Wahlen Department of Veterans Affairs Medical Center 9b. COUNTY OF DEATH Salt Lake 9c. CITY, TOWN OR LOCATION OF DEATH Salt Lake City

10. MARITAL STATUS 1. Never Married 2. Married 3. Widowed 4. Divorced 5. Married, but separated 6. Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Gayle Lynn Millburn

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT enter retired.) Attorney 12b. KIND OF BUSINESS OR INDUSTRY Estate Planning/Self Emp. 13a. RESIDENCE - STREET AND NUMBER 2049 East 9100 South 13b. STATE Utah 13c. COUNTY Salt Lake 13d. CITY, TOWN, COMMUNITY, OR RURAL Sandy 13e. ZIP CODE 84093 13f. INSIDE CITY LIMITS? 1. Yes 2. No

14. FATHER'S NAME (First, Middle, Last) Harold Dean Wilsted 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Emma Gertrude Neal

16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Gayle L. Wilsted, Wife, 2049 East 9100 South, Sandy, Utah 84093

17. METHOD OF DISPOSITION 1. Entombment 2. Donation 3. Other 4. Burial 5. Cremation 6. Removal 18a. DATE OF DISPOSITION March 22, 2005 18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Utah Veterans Memorial Park

19a. LOCATION OF DISPOSITION - City or Town, State Bluffdale, Utah 19b. LICENSEE NUMBER 22-107562 20. FUNERAL HOME (Name and complete address) Larkin Sunset Gardens 1950 East 10600 South Sandy, Utah 84092

21. SIGNATURE OF FUNERAL SERVICE LICENSEE [Signature] 22a. Was Medical Examiner Contacted? 1. Yes 2. No

22. CERTIFIER (Check only one) 1. CEMETERY PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.

M.E. Case No. _____ SIGNATURE & TITLE OF CERTIFIER [Signature] UC. NO. 187428-1205 DATE SIGNED 03-21-05

23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) David Bull, M.D. 500 Foothill Dr. Salt Lake City, UT 84148 23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN March 18, 2005

24. PART I. Enter the chain of events - disease, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory Failure b. Pulmonary Hypertension

25a. WAS AN AUTOPSY PERFORMED? 1. Yes 2. No 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1. Yes 2. No

26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: 1. Probably contributed to the cause of death 2. Was the underlying cause of death 3. Did not contribute to the cause of death 4. Unknown in relation to the cause of death 5. NOW USER 6. UNKNOWN IF USER

27. MANNER OF DEATH 1. Natural 2. Accident 3. Suicide 4. Homicide 5. Could not be determined 6. Pending investigation

28. IF FEMALE 1. Not pregnant within past year 2. Pregnant at time of death 3. Not pregnant, but pregnant within 42 days of death 4. Not pregnant, but pregnant 43 days to 1 year before death 5. Unknown if pregnant within 1 year before death

29a. DATE OF INJURY (Mo., Day, Yr.) _____ 29b. TIME OF INJURY (24 Hr. Clock) _____ 29c. INJURY AT WORK? 1. Yes 2. No 29d. PLACE OF INJURY - At home, farm, factory, office, building, etc. (Specify) _____

30. LOCATION (Street or rural route number, city or town, county and state) _____ 31. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in Item 24) _____

32. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish-Speaking/Latino.) 1. Yes 2. No (If Yes, Check the box that best describes whether the decedent is Spanish-Speaking/Latino.) 1. Yes, Mexican, Mexican American, Chicano 2. Yes, Cuban 3. Yes, Puerto Rican 4. Yes, other Spanish-Speaking/Latino (Specify) _____

33. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) 01. White 02. Black or African American 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ 04. Chinese 05. Japanese 06. Native Hawaiian 07. Filipino 08. Other Asian (Specify) _____ 09. Asian Indian 10. Korean 11. Korean 12. Samoan 13. Vietnamese 14. Guamanian or Chamorro 15. Other Pacific Islander (Specify) _____ 00. Other (Specify) _____

34. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) 1. 8th grade or less 2. 9th - 12th grade, no diploma 3. High School graduate or GED completed 4. Some college credit, but no degree 5. Associate degree (e.g., AA, AS) 6. Bachelor's degree (e.g., BA, BS, BSI) 7. Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)

35. REGISTRAR'S SIGNATURE [Signature] M.P.A. 36. DATE FILED (Mo., Day, Yr.) March 24, 2005

37. DATE ISSUED _____



Richard J. Oborn, MPA
State Registrar
Rev. 1/16

065604189

UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SEP 28 2017